

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3846

FILED MAR 4 1950

State File No.

BIRTH NO.		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>4042</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UTESVILLE</u> c. LENGTH OF STAY (In this place) <u>45 YRS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>BOLLINGER</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UTESVILLE</u> d. STREET ADDRESS (If rural, give location) <u>NONE</u>			
3. NAME OF DECEASED (Type or Print) <u>EVA</u>		a. (First) <u>DEAN</u>		b. (Middle) <u>WIGGS</u>		c. (Last)	
4. DATE OF DEATH <u>JAN. 20, 1950</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	
8. DATE OF BIRTH <u>SEPT. 25, 1867</u>		9. AGE (In years last birthday) <u>82</u>		10. MONTHS <u>3</u>		11. DAYS <u>25</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas H. SAILOR</u>		13b. MOTHER'S MAIDEN NAME <u>REBECCA WILSON</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W.S. WIGGS</u>		ADDRESS <u>UTESVILLE, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/3</u> , 19 <u>48</u> , to <u>1/20</u> , 19 <u>50</u> that I last saw the deceased alive on <u>1/20</u> , 19 <u>50</u> , and that death occurred at <u>2:38</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John J. Myers</u>		(Degree or title)		23b. ADDRESS <u>Interville Mo.</u>		23c. DATE SIGNED <u>2/2/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-22-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MARBLE HILL</u>		24d. LOCATION (City, town, or county) (State) <u>MARBLE HILL MO.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 22, 1950</u>		REGISTRAR'S SIGNATURE <u>Hellie Vandemeyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u>		ADDRESS <u>UTESVILLE, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0095

RECEIVED

MAR 1 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-288

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

J. E. Graham

Signed.....
Student Embalmer

Licensed Embalmer No. 4010

P. O. Address Lutesville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.